

Article - Health - General

[\[Previous\]](#)[\[Next\]](#)

§19–310.1.

(a) (1) This section applies to a nursing facility, as defined in § 19–301 of this subtitle, that:

- (i) Has 45 or more beds; and
- (ii) Operates in the State.

(2) This section does not apply to a nursing home bed in a continuing care retirement community that has obtained a certificate of registration to provide continuing care under Title 10, Subtitle 4 of the Human Services Article.

(b) (1) The Department may impose a quality assessment on each freestanding nursing facility subject to this section.

(2) The amount assessed in the aggregate on all nursing facilities may not exceed 6.0% of the operating revenue for all nursing facilities subject to this section for the previous fiscal quarter.

(3) The assessment authorized by this section shall be paid by each nursing facility in accordance with this section.

(c) (1) On or before the 60th day after each quarter of the State fiscal year, each nursing facility subject to this section shall pay to the Comptroller an amount determined by the Department based on an amount per non–Medicare day of service for the previous fiscal quarter.

(2) The assessment shall be based on an amount per patient day, not including Medicare days.

(d) (1) All amounts collected by the State Comptroller under this section shall be distributed to a special fund, to be used by the Department only to fund reimbursements to nursing facilities under the Medicaid program.

(2) At least 65% of the funds allocated by the Department as reimbursements to nursing facilities under this section shall be in addition to and may not supplant funds already appropriated for this purpose.

(e) The Department shall adopt regulations to implement this section.

(f) On or before September 1, 2015, and each year thereafter, the Department shall report to the General Assembly, in accordance with § 2-1257 of the State Government Article, on the implementation of this section, including:

(1) The percentage and amount of the assessment charged to each nursing facility subject to this section;

(2) The number of nursing facilities subject to this section with a net loss; and

(3) A comparison of the total amount provided in the Medicaid budget for nursing home reimbursement in the current fiscal year to the actual amount received in the immediately prior fiscal year.

[\[Previous\]](#)[\[Next\]](#)